



AZ Medicaid Outpatient Workgroup Meeting

May 12, 2004

1:30 PM to 3:00 PM

AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Meeting Hosted By: Sara Harper, AHCCCS

Attendees:

(Based on sign-in sheets)

ADHS

Kevin Gibson

C.J. Major

Demiter Peuin

AHCCCS

Barbara Butler

Melonie Carnegie

Rebecca Fields

Cia Fruitman

John Murray

Dan Lippert

Lori Petre

Kari Price

Brent Ratterree

Mark Renkel

Diane Sanders

Brian Skjoldal

Mike Upchurch

Kyra Westlake

APIPA

Alexis Cathers

Chuck Revenew

Sonia Wilson

Sharon Zamora

CMDP

Felicana Rincon

DES

Robin Claus

Adian Frazier

Marcella Gonzalez

Major Williams

EPP Consulting

Sue Carter

Evercare

Steven Iles

Vicki Johnson

Healthchoice AZ

Joan Toland

Mike Uchrin

MCP/Schaller Anderson

Jen Hayes

Garell Jordan

Wendy Lytle

Anne Romer

Cathy Jackson-Smith

PHP

Scott Cummings

Michell Roster

Deena Sigel

PHS

Mark Hart

Mark Kaehler

UFC

Kathleen Oestreich

Kathy Steiner

Jean Warner

Yavapai Cty

Becky Ducharme

Jean Willis

Please note that the minutes are not as complete as usual due to technical difficulties.

Current Status/Timeline (Sara Harper)

This is the first meeting together with the Technical and Operational Outpatient Workgroups. The AZ Medicaid Consortium meeting will be held directly after this meeting. It will be determined whether or not there is a need to have separate meetings for these two workgroups as we go on. There is a copy of the minutes from the 4/21/04 Outpatient Workgroup meeting included in the packet.

A copy of Senate Bill 1410 was discussed. It provides for a delayed implementation of the fee schedule to 7/1/05, and provides for an interim budget measure. Hospitals will be limited to one outpatient rate increase for rates effective from 7/1/04 through 7/1/05. If the outpatient hospital rate increase exceeds 4.7 per cent, AHCCCS will reduce the hospital-specific cost-to-charge ratio by the amount that it exceeds 4.7%.

Q: So we are capping at 4.7%?

A: Yes.

Q: Will it be weighted on utilization?

A: Yes, although we have not seen the formula.

As far as implementation of the Outpatient Fee Schedule, it does look like 7/1/05.

Lori Petre – We will provide you with an updated Project Timeline that adjusts to the new date of 7/1/05 accordingly.

Project Email Address (Lori Petre)

We have established a workgroup email address much like we have done for HIPAA. In your packet you have a single sheet with the specifics for that new email address. That email address is now active, and it will be monitored throughout the workday. We do have a standard that we have set where you will get some sort of response within three working days. If it is determined that we need a few more days to research, you will be notified of such. At this point in time, most of the questions will be routed to Sara Harper first. If they are technical questions, ISD will address them.

Q: Will you provide us with the tracking number for follow-up?

A: Yes, we will send something back to you stating that we have received your email and provide you with that tracking number.

Sara Harper – We are looking into hiring a consultant to assist in technical communications between AHCCCS, Contractors, and eventually hospitals, and that party will eventually be responsible for managing a lot of this type of action from the email address.

Processing Flowchart – Latest Draft (Lori Petre)

This is a decision tree flowchart at a high level of how we envisioned this with our process. This looks similar to what was presented at the 4/21/04 meeting. A clarification was added under the Bundled Rate Driver Table that the actual driver for that is an E/R or Surgical Procedure. Below that is the Bundled Revenue Code Table with the clarification that when you get to that point, it is the revenue code. A little clarification on the valuation that it will value those bundled revenue codes at zero. The only other clarification that was made was that it may include multiple surgeries, but we do not know what that will look like at this time. We will share that information with you as it is further defined. It is important to update and walk through those updates, as this is the decision tree that is used to prepare the examples.

Q: Do you have a layout of the tables so that we can get an idea?

A: There are no table layouts as of yet. We are still working on this.

John Murray, ISD Programmer, indicated that he does have something in draft format that would give them an idea of what the new tables will look like. John will provide Lori Petre with a soft copy of this document so that it can be shared with the workgroup with the understanding that it is strictly a draft.

Action Item: Lori Petre

Share draft format of the new reference table layouts with the workgroup.

Processing Examples

Lori Petre – The examples that we have provided you with today were revised just a few hours before the meeting. We will have more the next meeting. We will play some actual claims and some actual encounters, and we will provide examples of what those will look like. For today's meeting we have provided you with five examples.

Cia Fruitman conducted a walk through of the five examples, and the following are some of the questions as a result of this walk through:

Q: Are these examples of the simplest that you have?

A: Yes.

Health Plan – It would be helpful if you had validity editing something definitive.

Lori Petre – This would define all of it if we had the signed final requirements.

Q: Is there currently a Check Bundled Rate Driver table?

A: No, that is a new table.

Q: What is going to be in that table?

A: Right now they are defined as procedure code.

Q: What about HCPC code associated with the revenue code?

A: That table will be updated as well.

Q: So you have to store the answer to every one of the lines for pricing the claim?

A: Yes.

Sara Harper – Can contractors work together to find a common product?

Contractors – Our owners would say absolutely positively no.

Contractors are pushing to get a clear idea of what the requirements are on a finite level. Per Kari Price, this is a starting place. Much of this is currently being worked out, and that information will be made available just as soon as it has been established.

Q: Is this a one-line claim example?

A: Yes, it is.

Q: Are you going to a different table with those three codes?

A: Yes, it is a hospital version of the RF112 (Procedure Maximum Allowable Charge) table.

Q: What if the hospital was to send in a second claim in conjunction with the initial claim. Do we deny those?

A: The original will need to be voided and the claim resubmitted.

Q: What about examples of various 13x bill types?

A: Additional examples will be provided in upcoming meetings.

Q: Examples on the flow charts have no revenue codes.

A: Revenue codes will be added to these examples.

System Requirements – Latest Draft (Lori Petre)

Included in your packet is a current requirements document. As you heard today, these requirements have changed. This is a very initial draft, and there will be changes. We will try to get you an updated document at least by the next meeting. There are some issues with the length of this meeting. We will work on making adjustments to the schedule to allocate two hours for this meeting. We will also work on detailed examples to the current requirements. If you have some examples in mind that you would like to see, please email the workgroup with those. The minutes and related documents will be published to the website in the near future.

Wrap-up (Sara Harper)

We encourage you to use the workgroup email address. We will be monitoring it throughout the day. The next meeting is scheduled for Wednesday, 6/2/04.

Meeting adjourned.